# Form **990**

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	2015 calend	ar year, or tax y	/ear beginr	ning	09-	01 , <b>2015</b> , and e	nding		12	-31 ,2015
В	Check if a	applicable:	C Name of organiza	ation <b>DUNC</b>	ANVILLE ISD E	DUCATION FOU	NDATIO				D Employer identification no.
	Address	change	Doing business a	as							75-2678418
	Name cha	ange	Number and stre	et (or P.O. box	if mail is not delivered to	street address)		Room/s	suite		E Telephone number
	Initial retu	urn	204 NORT	'H MAIN	ST			100	AB		
	Final retu	ırn/terminated	City or town, state	e or province,	country, and ZIP or foreign	n postal code		1			57,747
	Amended	d return	•		75116-3600						G Gross receipts\$
	Application	on pending	F Name and addres			CASEY					·
			Same as	C above				H(a)	Is this a gro subordinate	oup ret es?	urn for Yes X No
ı	Tax-exem	npt status:	501(c)(3) 5	i01(c) (	)    (insert no.)	4947(a)(1) or	527	H(b)	Are all sub	ordinat	es included? Yes No
	Website:				ionfoundation			H(c)	If "No Group exer	," attac	es included? Yes No ch a list. (see instructions) number
		organization:			ciation Other ►	<b>5</b>	L Year of formation: 1	•			al domicile: TX
	rt I	Summar				l.					
	1		2	tion's mission	on or most significar	nt activities: TO	PROMOTE AND	SUPPO	RT DUNG	'AN	TILLE ISD BY
		PROVIDIN									
ce											
Activities & Governance											
Ş.	2	Check this be	ox ▶ ☐ if the or	rganization	discontinued its ope	erations or disposed	of more than 25%	of its ne	t assets.		
ဗိ	3		<del></del>	Ü	•	line 1a)				3	14
•ŏ თ	4		0	J	0 , ,	ody (Part VI, line 1b)				4	14
iţi	5			_		(Part V, line 2a)			1	5	0
Ę	6								1	6	25
ĕ			•		• •	, line 12			1	7a	22,694
						ne 34			1	7b	0
			<u> </u>						Prior Year		Current Year
	8	Contributions	s and grants (Pai	rt VIII. line 1	Ih)					,99	
ē	9		• •	-	,		<del> -</del>			,,,,	0/12/
en	10								52	,16	5 28,926
Revenue	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							_		
_	12										
	13										
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)									0
	15										0
es		a Professional fundraising fees (Part IX, column (A), line 11e)									0
Expenses											
ᄶ	17		• • •			· )			47	,59	0 61,939
_						n (A), line 25)	F			,43	
										, 81	
		revenue les	о схропосо. Са	birdot iirio 1	O HOITIMO 12			Reginnin	g of Current		End of Year
ets o	20	Total assets	(Part X. line 16)					Dog	527		
Asse	21		es (Part X, line 20						327	, 55	0 323/111
Net Assets or	22			,			-		527	. 33	523,144
	rt II		re Block						<u> </u>	,	5257211
				ned this return,	including accompanying	schedules and statements	s, and to the best of my kr	nowledge	and belief, it is	3	
true,	correct, a	nd complete. Decl	aration of preparer (of	ther than office	r) is based on all informat	ion of which preparer has	any knowledge.				
		JERR	Y FRAZIER								
Sig	ın	<b>—</b>	e of officer							Date	9
He		JERRY FRAZIER, TREASURER									
	-		print name and title								
		Print/Type pre	eparer's name		Preparer's signature		Date		Check X	if	PTIN
Pa	id		razier CPA		. F = 2 - 19		01-29-2016		self-employe		P00846823
	eparei			1	AZIER CPA		2	Firm's E		-	
	e Only				IN ST STE 205	•		Phone			
		5 address			lle TX 75116	•				4-0	006-9383
Mav	the IR	S discuss this			own above? (see ins	structions)					Yes 🔀 No

Part IV

75-2678418

**Checklist of Required Schedules** 

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Χ 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Χ 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Χ 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .......... Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ............ 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ............... 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19

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Part IV Checklist of Required Schedules (continued) Yes No Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .......... 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d . . . . . . . . . . . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) С Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M Χ 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  $\dots \dots \dots \dots \dots \dots \dots$ 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			37
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
50	(FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	50		v
5а ь	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Λ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on Part VIII, line 12			
b  1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0	O. See ir	structions.								
	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u>		<u>.</u>	. X						
Sec	ction A. Governing Body and Management										
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14								
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O.										
h	Enter the number of voting members included in line 1a, above, who are independent	1h	14								

	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

17	List the states with which a	copy of this Form 990 is required to be filed	► TX
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- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply.
  - X Own website Another's website Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: 20

JIM RICHARDSON (972)533-3848, 204 NORTH MAIN ST STE 100 AB, Duncanville, TX 75116-3600

Yes

No

Section A.

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

- Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B)  Average hours per week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Highest comporting the minimum of director (V)  (V)		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization				
	below dotted line)	Individual trustee or director	nstitutional trustee		nployee	Highest compensated employee				and related organizations
(1) SHEILA CASEY	2.00_	X		X					0 0	
PRESIDENT (2) BOBBY TURNER	2.00	Α		Λ					0	0
VICE PRESIDENT		X		X					0	0
(3) JERRY FRAZIER	2.00	21		21					0	
TREASURER		X		X					0 0	0
(4) DOYCE SMITH	2.00									
SECRETARY		X		X					0 0	0
(5) DOTTI PENNEBAKER	1.00									
DIRECTOR		X							0 0	0
(6) STEVE MARTIN	1.00									
DIRECTOR		X							0 0	0
(7) JOHN PENNEBAKER	1.00									
DIRECTOR		X							0 0	0
(8) LEAVEIL SKINNER	1.00									
DIRECTOR		Х							0 0	0
(9) DAVID GREEN	1.00									
DIRECTOR		Х							0 0	0
(10)DON POPE	1.00									
DIRECTOR		Х							0 0	0
(11)BOB BROWN	1.00									
DIRECTOR		Х							0 0	0
(12)JANEL FAHEY	1.00									
DIRECTOR		X							0 0	0
(13)JOHN KYLE PENNEBAKER	1.00									
DIRECTOR		X							0 0	0
(14)DEL RAMIREZ	1.00									
DIRECTOR		X							0 0	0

75-2678418 Pa

Part '	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	ınd l	High	est (	Comp	ensa	ted Employees (	continued)			
	(A)	(B) Position (do not check more than one							(D)	(E)		(F)	
	Name and title	Average hours per			•		both an trustee)		Reportable compensation	Reportable compensation from		stimated mount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director			_		Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org	other npensation of the ganization of related anization anization	n E
	CIA_TORREZRECTOR	1.00	X							0 0			0
	<del></del>												
<u>(17)</u>													
<u>(18)</u> _													
<u>(19)</u>													
(20)													
<u>(21)</u> _													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total							<b>&gt;</b>					
	Total from continuation sheets to Part VII, Sectio							•					
d 2	Total (add lines 1b and 1c)								than \$100.000 of				0
	reportable compensation from the organization									0			
•	Diddha ann indiadha listana fann an affirm diadha			. 1		. 1. *						Yes	No
3	Did the organization list any <b>former</b> officer, director, employee on line 1a? If "Yes," complete Schedule J			-		_					3		Χ
4	For any individual listed on line 1a, is the sum of rep				nd o	ther	comp	ensa	tion from the				
	organization and related organizations greater than										4		v
5	individual										4		X
	for services rendered to the organization? If "Yes," or	•		-			-				5		Х
	on B. Independent Contractors								и филопол				
1	Complete this table for your five highest compensate compensation from the organization. Report comper year.												
	(A) (B)										(C)		
	Name and business address								Description of	services	Com	pensation	1
2	Total number of independent contractors (including	but not limite	d to th	ose	liste	d ab	ove) v	vho					
	received more than \$100,000 of compensation from	the organiza	ition	•									

Statement of Revenue

N FOUNDATIO 75-2678418

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt function excluded from tax business under sections 512-514 revenue Federated campaigns . . . . . . . . 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **c** Fundraising events . . . . . . . 1c **d** Related organizations . . . . . . . 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 6,127 1f Noncash contributions included in lines 1a-1f: \$ 6,127 **Business Code** Revenue Program Service **f** All other program service revenue . . . . . . Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . . . . . ▶ 28,926 28,926 Income from investment of tax-exempt bond proceeds . . . ▶ (i) Real 6a Gross rents ..... **b** Less: rental expenses . . . . c Rental income or (loss) . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses . . . . c Gain or (loss) . . . . . . . 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . . a 22,694 **b** Less: direct expenses . . . . . . . . . b c Net income or (loss) from fundraising events . . . . . . . . ▶ 22,694 22,694 9a Gross income from gaming activities. **b** Less: direct expenses . . . . . . . . . b c Net income or (loss) from gaming activities . . . . . . . . . ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . . . . a **b** Less: cost of goods sold . . . . . . . . . b c Net income or (loss) from sales of inventory . . . . . . . . ▶ Miscellaneous Revenue **Business Code** 11a b С 57,747 22,694 28,926

# Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other organi			
	Check if Schedule O contains a response or note to a	ny line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C) Management and	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	18,333		18,333	
b	Legal				
С	Accounting	500		500	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	33,670		29,269	4,401
12	Advertising and promotion	2,561		1,632	929
13	Office expenses	4,656		4,656	
14	Information technology				
15	Royalties				
16	Occupancy	2,200		2,200	
17	Travel	19		19	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21 22	Payments to affiliates				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	(1) amount, not into 240 expenses on concede 6.)				
b					
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	61,939	0	56,609	5,330
26	Joint costs. Complete this line only if the	01,753	0	30,003	3,330
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

75-2678418

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	37,698	1	27,921
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	489,638	11	495,223
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	527,336	16	523,144
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ë		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ► 🗵 and			
S O		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	527,336	32	523,144
	33	Total net assets or fund balances	527,336	33	523,144
	34	Total liabilities and net assets/fund balances	527,336	34	523,144

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		57,	747
2	Total expenses (must equal Part IX, column (A), line 25)	2		61,	939
3	Revenue less expenses. Subtract line 2 from line 1	3		(4,	192)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		527,	336
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		523,	144
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 🔲 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

EEA

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

4047 (a)(1) Honexempt enamable trast.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

DUNCANVILLE ISD EDUCATION FOUNDATIO 75-2678418 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

75-2678418 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support										
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,958	20,676	2,063	79,677	5,642	135,016				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge	2,000	2,000	2,000	2,000		8,000				
4	Total. Add lines 1 through 3	28,958	22,676	4,063	81,677	5,642	143,016				
5	The portion of total contributions by										
	each person (other than a										
	governmental unit or publicly										
	supported organization) included on										
	line 1 that exceeds 2% of the amount										
	shown on line 11, column (f)										
6	Public support. Subtract line 5 from line 4						143,016				
	tion B. Total Support		(1) 22/2	( ) 22/2	( ) 22//	( ) 22/2	(O = )				
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total				
7 8	Amounts from line 4	28,958	22,676	4,063	81,677	5,642	143,016				
0	payments received on securities loans, rents, royalties and income from similar sources	13,925	10,059	36,551	(1,037	) 28,926	88,424				
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	86	250		5	15	356				
11	Total support. Add lines 7 through 10 .						231,796				
12	Gross receipts from related activities, etc. (s	see instructions) .				12					
13	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>					▶ 🗌				
	tion C. Computation of Public Su		_								
14	Public support percentage for 2015 (line 6, c			)			61.70 %				
15	Public support percentage from 2014 Sched				ı		71.00 %				
16a	33 1/3% support test - 2015. If the organization		•		•		. 57				
	box and <b>stop here.</b> The organization qualified		. •				▶ 🛚 🗵				
D	33 1/3% support test - 2014. If the organization of the last this have and start have. The organization						, n				
170	check this box and <b>stop here.</b> The organization			•							
17a	<ul><li>10%-facts-and-circumstances test - 2015</li><li>10% or more, and if the organization meets</li></ul>	•									
	Part VI how the organization meets the "fact				•						
	organization		_				▶ □				
b	_										
D	10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.										
	Explain in Part VI how the organization mee				-	dv					
	supported organization			=		-	▶ □				
18	<b>Private foundation.</b> If the organization did r										
	instructions						▶ □				

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I	1		1	
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourth,				▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2015 (line 8, co	( )	, ,	f))		15	%
16	Public support percentage from 2014 Schedu					16	%
	ction D. Computation of Investmen					T T	
17	Investment income percentage for 2015 (line		•	` ' '		17	%
18	Investment income percentage from 2014 Sch	•				18	%
19a	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box a						▶ □
	33 1/3% support tests - 2014. If the organiz line 18 is not more than 33 1/3%, check this b	oox and <b>stop her</b>	e. The organization	qualifies as a publ	icly supported orga	anization	▶ □
20	Private foundation. If the organization did no	ot check a box o	n line 14, 19a, or 19	b, check this box a	nd see instructions		▶ □

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
  - **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4.		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> . <b>tion B. Type I Supporting Organizations</b>	TIC		
000	non B. Type I dupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	-110
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	struct	ions)	:
а				
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С		see ing		
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a		
a	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2h		
2	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	2b		
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

# **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

DUNCANVILLE ISD EDUCATION F					75-26	
Part I Fundraising Activities		_		swered "Yes" on	Form 990, Part IV,	line 17.
Form 990-EZ filers are no	· · · · · · · · · · · · · · · · · · ·		-	itiaa Obaalaall that a		
<ul><li>1 Indicate whether the organization rais</li><li>a Mail solicitations</li></ul>	sea tunas through			of non-government gr		
<b>b</b> Internet and email solicitations				of government grants	arito	
c Phone solicitations				draising events		
d In-person solicitations		3 _		<b>3</b>		
2a Did the organization have a written o	r oral agreement	with any indiv	vidual (includ	ing officers, directors,	trustees	
or key employees listed in Form 990,				-		es 🗌 No
<b>b</b> If "Yes," list the ten highest paid indiv		(fundraisers)	pursuant to a	agreements under whi	ich the fundraiser is to b	oe e
compensated at least \$5,000 by the	organization.					
					(v) Amount paid to	
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts from activity	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		contrib	outions?	HOIH activity	fundraiser listed in col. (i)	organization
1		Yes	No			
•						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				tions or books on noti	find it is avament from	
registration or licensing.	rris registered or i	icerised to st	JICIL CONTINDU	lions of has been hou	med it is exempt from	
regionation of meetisting.						

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Page 2

		gross receipts greater than	\$5,000.			
		g	(a) Event #1 GOLF TOURN	(b) Event #2 FUN RUN	(c) Other events	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	coi. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
Pa	10 11 irt	Direct expense summary. Add lines  Net income summary. Subtract line  Gaming. Complete if the of than \$15,000 on Form 990	10 from line 3, column (d) organization answered "			nore
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3					
Ö	Ů	Noncash prizes				
Dire	4	Noncash prizes				
	4	Rent/facility costs	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	4 5	Rent/facility costs	□ No	□ No	□ No	
	4 5 6	Rent/facility costs	No 2 through 5 in column (d)	No No	□ No	
9 a	4 5 6 7 8 En	Rent/facility costs	No 2 through 5 in column (d) cract line 7 from line 1, columing activities in each or	mn (d)	No No	☐ Yes ☐ No

Schedule A (Form 990 or 990-EZ) 2015 DUNCANVILLE ISD EDUCATION FOUNDATIO 75-2678418 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All	
	other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.		
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
СО	llection of gross income or for management, conservation, or				
ma	aintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	ctors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
_en	nergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally	-integi	rated Type III supporting	g organization (see	
	instructions).				

EEA

Par	t V Type III Non Functionally Integrated 500(c)(2)		75-26	78418 Page 7
	t V Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organiz	zations (continued)	Current Year
	Amounts paid to supported organizations to accomplish exem	ant numaces		Current Year
	Amounts paid to supported organizations to accomplish exem Amounts paid to perform activity that directly furthers exempt			
2	organizations, in excess of income from activity			
2	Administrative expenses paid to accomplish exempt purposes			
	Amounts paid to acquire exempt-use assets	s or supported organizati	0115	
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	· · · · · · · · · · · · · · · · · · ·	organization is respons	ivo	
0	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<u>a</u>	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
10	Line o amount divided by Line 3 amount		(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
·	ection E - Distribution Anocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		110 2010	Amount for 2010
	Underdistributions, if any, for years prior to 2015			
-	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а	Excess distributions sarry every if any, to 2016.			
b				
C				
	From 2013			
	From 2014			
	<b>Total</b> of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				

c Excess from 2013 d Excess from 2014 e Excess from 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

75-2678418 DUNCANVILLE ISD EDUCATION FOUNDATIO 01. Form 990 governing body review (Part VI, line 11) EXECUTIVE BOARD AND GENERAL BOARD BOTH REVIEW 990. 02. Conflict of interest policy compliance (Part VI, line 12c) MONITORED BY BOARD PRESIDENT 03. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS AVAILABLE TO PUBLIC ON REQUEST. ALSO FILED ON WEB PAGE. 04. List of other fees for services expenses (Part IX, line 11g) GOLF TOURNAMENT EXPENSES LUNCH \$506 GIVEAWAYS \$990 FOOD AND VENUE \$2905 TOTAL \$4401 05. List of other expenses (Part IX, line 24e) VALUATION LOSSES ON INVESTMENTS CASEY -\$895 ENDOWMENT -\$27718 SPRAYBERRY -\$656 TOTAL -\$29269